




Globalisation and health

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Exploring the links between health development and globalisation

- Purpose

- to explore the links between global health and globalisation
- including both economic configuration and the prevailing regime of global economic governance
- in order to identify directions and strategies for change

- Method

- review some key episodes in global health policies since WW2 against the
 - changing dynamics of the global economy
 - and contemporary movements in the sphere of global economic regulation
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Events, Reports, Struggles

- 1944: Bretton Woods (IMF, WB, GATT)
- 1950s: Health development policy: DDT, doctors and hospitals, population control
- 1955: Bandung Conference and birth of the Non-Aligned Movement (more confident TW voice)
- 1964: UNCTAD 1 (and G77) leads to call for New International Economic Order in May 1974
- 1973: First OPEC price rise
- 1977: Last case of small pox
- 1978: Alma-Ata Declaration (PHC, reference to NIEO)
- 1978: Deng Xiaoping initiates modernisation in China
- 1975-80: Onset of stagflation, end of the long boom, emergence of monetarism
- 1981: escalating interest rates, debt trap sprung
- 1981: 'Selective PHC' (the response to Alma-Ata)
- mid 1980s onwards: IMF develops and imposes SAPs
- 1980s: rise of AIDS/HIV
- 1987: 'Adjustment with a Human Face'
- 1989: Break up of the Soviet Union
- 1991: USTR attacks Thai administration over pharmaceuticals policies
- 1992: WHO: 'Health Dimensions of Economic Reform'
- 1993: WB: 'Investing in Health' (virtuous cycle story, SAPs compatible with health development!, new interventionism)
- 1995: WTO established
- 1995: MAI saga - OECD drives for MAI; defeated by social movements (1998) (note role of NGOs and internet; note also continuing push in WTO under 'Singapore issues')
- 1997: Sth African parallel import legislation passed, challenged
- 1999: PRSPs implemented (new and improved SAPs)
- 1999: WTO in Seattle: outrageous process; dramatic protests
- Dec 2000: People's Health Assembly and People's Charter for Health
- 2000: USTR withdraws threats to Thailand over compulsory licensing of DDI after 12 years of pressure
- April 2001: Norway Conference (WHO accepts differential pricing)
- April 2001: Defeat of big pharma in South Africa (note role of MSF and global social movements)
- June 2001: CMH Report (warning about health and stability; virtuous cycle story repeated, 'CTC model' and scaled up interventionism; reliance on increased aid (and GFATM) and PRSPs)
- Sept 2001: 9/11
- Nov 2001: Doha and the Statement on Public Health (Para 6 and compulsory licensing; note rearguard action by US)
- Oct 2002: Bristol Myers Squibb defeat in Thai DDI case
- Mar 2003: Invasion of Iraq (US unilateralism; widespread opposition; note limits to US power)
- Oct 2003: Negotiations for US Thai FTA commence (at risk: comp licensing, data access, extended IPRs)
- Nov 2003: Cancun: G22 stands up to G7; deadlock over agriculture and 'Singapore issues'; US moves to bilateral and regional FTAs
- Nov 2003: Miami FTAA-lite (US knocked back by Latin America)
- Jan 2004: IMF report critical of US twin deficits
- Jan 2007: Emergence of sub-prime mortgage crisis
- Dec 2008: Global recession

Bretton Woods to AIDS/HIV (1944-85)

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- mid 1980s onwards: IMF develops and imposes SAPs
- mid to late 1980s: rise of AIDS/HIV
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Break up of Soviet Union to Seattle (1985 - 2000)

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- 1991: USTR attacks Thai administration over pharmaceuticals policies
- 1992: WHO: 'Health Dimensions of Economic Reform'
- 1993: WB: 'Investing in Health' (virtuous cycle story, SAPs can be compatible with health development, new interventionism)
- 1995: WTO established
- 1995-98: OECD drive for MAI (note role of NGOs and internet; but continuing push in WTO under 'Singapore issues')
- 1997: Sth African parallel import legislation passed, challenged (challenge defeated April 2001, note role of MSF and other NGOs and internet)
- 1999: PRSPs implemented (new and improved SAPs)
- 1999: WTO in Seattle: outrageous process; dramatic protests
- Dec 2000: People's Health Assembly and People's Health Charter

Treatment Action Campaign to Global Financial Crisis (2000-08)

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- Nov 2003: Cancun: G21+China stands up to G7; deadlock over agriculture and 'Singapore issues'; US moves to focus on bilateral and regional FTAs
- Nov 2003: Miami FTAA-lite (US knocked back by Latin America)
- Jan 2004: IMF report critical of US twin deficits
- July 2004: Framework for Doha Round adopted
- Dec 2005: Hong Kong Ministerial
- Feb 2008: Sub-Prime Crisis breaks
- Sept 2008: Report of WHO Commission on Social Determinants
- Oct 2008: WHR on PHC
- Dec 2008: Global recession

Against TNA: outcomes not inevitable

- Delegitimation of SAPs
- Jubilee 2000 and the Drop the Debt campaigns
- MAI-non!
- Doha 01 - TRIPS and access
- Cancun 03 – advancing the demand for agricultural reform and resisting the Singapore issues
- Miami 04 – resistance to US ambitions for a FTAA
- Arenas of struggle: global regulators
- Delegitimation and the role of (globalised) popular movements
- Another World is Possible!
- Emergence of the PHM

*TNA – “There is no alternative” (attributed to M Thatcher)

Issues which link health policy with global economic regime

- SAPs and nutrition
- TRIPS and access to drugs
 - current controversies over 'counterfeit' drugs
- GATS and the building of comprehensive PHC
 - irreversible privatisation
- Health and fair trade (with special and differential treatment)
- AoA and small farmers' loss of livelihood (and health consequences)
- Global financial collapse and delegitimation of neoliberal orthodoxy

"Another world is possible!"

- We have
 - reviewed the interplay of economics and health at the global level over the past 60 years
 - interpreted the interplay of health and economics in relation to a particular story about the global economy and global economic governance over this time
 - drawn some conclusions about strategy for global health activists
- Key conclusions
 - recognise, learn from and work with popular movements for health and economic justice
 - keep global economic justice and human solidarity at the centre of health policy discussion